

What is claimed is:

1. A method, executed by a system including a device operated by a medical staff member, of generating a signal encoding a clinical status code that quantifies a physician intervention status of a patient as an objective measure of a physician's rendered level of care of the patient and of using the signal in generating a billing document containing said clinical status code,

said clinical status code being determinable as a function of (I) a level of medical history of said patient, a level of physical examination of said patient, and a medical decision-making process of said physician treating said patient, referred to as key elements of said clinical status code, (ii) a time influence factor determined as a function of a service time defined as one or more of (1) an amount of unit floor time or face-to-face time spent by said physician in connection with an encounter with said patient, or (2) an amount of time spent by said physician in counseling or coordination of care for said patient,

said method comprising:

- (a) prompting the staff member to select a service type, referred to as a selected service type;
- (b) displaying to said staff member a series of questions, said series of questions being determined by said selected service type;
- (c) if said selected service type is associated with a time influence factor, then prompting the staff member to enter an amount of service time;
- (d) if the selected service type does not fall within an exception category, then determining said clinical status code as a function of (I) said selected service type, (ii) said levels and said medical decision-making process, and (iii) if the staff member entered an amount of service time, said amount of service time; and
- (e) generating a signal encoding said determined clinical status code and using said signal in generating a billing document containing said clinical status code.

2. The method of claim 1, further comprising:

- (f) prompting the staff member to select at least one of a plurality of diagnoses that are applicable to said patient, each referred to as a selected diagnosis, and
- (g) determining a diagnostic code corresponding to said selected diagnosis and generating a signal encoding said diagnosis code.

3. The method of claim 1, wherein said selected service type is selected from the group consisting of (i) outpatient services, (ii) hospital observation services, (iii) hospital in-patient services, (iv) hospital discharge services, (v) outpatient consultations, (vi) in-patient consultations, (vii) in-patient follow-up consultations, (viii) confirmatory consultations, (ix) emergency services, (x) critical care visits, (xi) neonatal intensive care, (xii) nursing facility services, (xiii) domiciliary, rest home, or custodial care, (xiv) home services, (xv) prolonged services, (xvi) case management team services, (xvii) case management phone services, (xviii) care plan oversight services, (xix) preventive medicine services, (xx) preventive medicine individual counseling, (xxi) preventive medicine group counseling, and (xxii) newborn care.

4. The method of claim 1, wherein said exception category is selected from a group consisting of hospital discharge services, observation discharge services, critical care, care plan oversight services, case management team services, prolonged services, neonatal intensive care, case management phone services, preventive medicine services, emergency advanced life support services, and newborn care.

5. The method of claim 4, wherein (1) said selected service type is neonatal intensive care and (2) said clinical status code is further determinable as a function of (i) a neonatal patient stability factor, and (ii) whether the service constituted initial care or subsequent care.

6. The method of claim 4, wherein (1) said selected service type is case management phone services, and (2) said clinical status code is further determinable as a function of a complexity-of-call factor.

7. The method of claim 4, wherein (1) said selected service type is preventive medicine services, and (2) said clinical status code is further determinable as a function of the age of the patient.

8. The method of claim 4, wherein (1) said selected service type is newborn care, and (2) said clinical status code is further determinable as a function of (i) whether the newborn care is given at a hospital or at a location other than a hospital, (ii) whether one or more specified risk factors is present, and (iii) whether the service constituted initial care or subsequent care.

9. The method of claim 4, wherein (1) said selected service type is hospital discharge services, and (2) said clinical status code is further determinable solely as a function of said selected service type.

10. The method of claim 4, wherein (1) said selected service type is hospital observation discharge services, and (2) said clinical status code is further determinable solely as a function of said selected service type.

11. The method of claim 4, wherein (1) said selected service type is critical care, and (2) said clinical status code is further determinable as a function of the amount of service time.

12. The method of claim 4, wherein (1) said selected service type is care plan oversight services, and (2) said clinical status code is further determinable as a function of the amount of service of time provided during any consecutive 30 day period.

13. The method of claim 4, wherein (1) said selected service type is case management team services, and (2) said clinical status code is further determinable as a function of (i) selected service type, and (ii) amount of time the physician spends in conference with another health care professional to coordinate activities for patient care.

14. The method of claim 4, wherein (1) said selected service type is prolonged services, and (2) said clinical status code is further determinable as a function of (i) whether said prolonged services are provided in an in-patient setting or an out-patient basis, (ii) whether said prolonged services are provided with or without said patient being present and (iii) the amount of service time.

15. The method of claim 4, wherein (1) said selected service type is emergency advanced life support services, and (2) said clinical status code is further determinable solely as a function of said selected service type.

16. The method of claim 1, wherein said plurality of allowable levels for each key element consists of four allowable levels for each key element.

17. The method of claim 1, further comprising determining whether the respective selected levels meet a specified set of key-component criteria and if not, assigning a default code as said clinical status code.

18. In a physician's practice management system, a device operable by a medical staff member for recording a clinical status code that quantifies a physician intervention status of a patient as an objective measure of a physician's rendered level of care of the patient,

said clinical status code being determinable as a function of (I) a level of medical history of said patient, a level